

**Opioid Coordination Council
Prevention Strategies Committee
August 23, 2018 1:00 p.m. – 4:00 p.m.
Meeting Notes**

Attendance: Chair: Stephanie Thompson. Participants: Lori Uerz, Bess O’Brien, Kayla Donohue, Christine Johnson, Jane Helmstetter, Suzanne Legare-Belcher, Peter Mallary, Virginia Burley, Hal Porter, Melinda Lussier, Sarah Kleinman, Matt Prouty, Mariah Sanderson, Grace Keller, Lori Augustyniak, Mark Redmond, Sunny Naughton, Jim Leddy, Cheryl Chandler, Jason Broughton, MaryEllen Mendl, Janet Kahn.

Presenters: Cindy Hayford, Bert Klavens, Mitch Barron, Holly Morehouse, Matt Wolf, Beth Keister, Tracey Mongeon, Catherine Antley

Staff: Jolinda LaClair, Rosi Gowdey, Eleanor Springer

Welcome, introductions: Stephanie Thompson, committee chair

Director’s Report: Jolinda LaClair

- Goal: a school and community-based prevention initiative in every city
- Connecting law enforcement to social service and other organizations: a union necessary to make impact
- Iceland model: presentation today, and again at CommSTAT in Burlington on 8/30, conferencing in the experts from the Iceland program
 - o Iceland model contains many elements that resonate with activities in communities around the state

Writers in Recovery Clip: Bess O’Brien, Kingdom County Productions

- A series of 90-second podcasts in association with VTDigger. “This clip is feisty and real.”
- Caitlin Furland, “Dear Addiction”. Hear others at www.writersforrecovery.org

Panel: School Age and Young Adult Prevention: The Power of Youth Engagement – school and community-based models.

Moderator: Mitch Barron, Executive Director, Centerpoint Adolescent Treatment Services

- Nice cross-section of the state geographically, but also a cross-section of services, supports, panels, and approaches
- We took time to distill our beliefs and find some shared principles and practices
 - o Multi-tiered systems of support
 - o Prevention should never be in competition with recovery; primary care should never be in competition with the Emergency Room. These systems are complementary, and ideally seamlessly integrated in a continuum
 - o Celebrating adolescents: self-advocacy, identity-building

Refer to Slides:

Tracey Mongeon, Dept. of Mental Health, Children’s MH Clinical Care Coordinator, Grant Manager for Success Beyond Six

- Allow schools to provide Medicaid-funded mental health services to meet kids’ social-emotional needs

- School-based clinicians, school-based social workers, behavioral interventionists, autism services
- Positive Behavioral Intervention and Supports (PBIS) (Laurel Omland). Multi-tiered framework to promote social-emotional learning
- Provide incentives to schools to become PBIS schools

Beth Keister, Agency of Education, Education Programs Coordinator

- A transformative model where the youth is also the expert, helping develop kids who are able to cope with challenges and be healthy and informed
- The goal is that we're integrating these ideals into policy and practice
- Taking into account that learning happens in every part of life

Matt Wolf, Vermont Federation of Families for Children's Mental Health, Youth in Transition Program

- Currently 9 sites around the state, developed with youth input
- 4 Key strategies
 - Strength-based youth empowerment approach to case management. Youth are the experts and drivers in their own lives, we guide and support along the way
 - Inter-agency community teaming across the children's and adults support system
 - Leadership development program
 - Peer support
 - Supporting community-activism
- Adolescents feel things 3-5 times more strongly than adults
- Connection and personal agency lead us to wellness. Feeling like you cannot manage life leads to unwellness
- Strength-based models shows what tools you have to move into the future
- Kids exist in three spaces: Family, School, and Everywhere Else
 - Everywhere else is where the social learning happens. The development

Holly Morehouse, Executive Director, Vermont Afterschool, Inc.

- Up to 80% of waking hours happen outside of school hours for youth
- In Finland, one of their outcome indicators is that every youth has a hobby
- 3 – 6 p.m. are most likely hours for youth to engage in bad or risky behaviors (*not* 8 – 10 p.m.)
- Kids who do not engage in structured activities are 3x more likely to engage in risky behaviors, skip school, etc.
 - Youth in Vermont that participate in activities for over 20 hours per week have different outcomes in terms of resiliency to risk factors/behaviors
- A really strong after school program is connecting to both school and community, it fits across spaces
- 2 gaps to access:
 - Geographic, there are entire communities in which there is nothing for kids to do after school
 - Income, what you can participate in is what your family can afford
 - In VT, families with higher educated families spend average \$9,000 per year on extracurricular activities

Mitch Barron, Centerpoint, Director

- Not about returning to prior state of wellness, but about (perhaps for the first time) finding a state of wellness, habilitating (not rehabilitating) and building primary skills
 - o Learning to drive: not about learning right on red, it's about problem-solving and decision making
 - o Learning to drive is access to more affordable housing, higher paying jobs, etc.
- Number of grandparents caring for youth (services for grandparents, who are dealing with "I thought I was done", parenting because their parents are caught in opioid use, not knowing what is happening in teenagers' lives, etc.)
- Within safe, stable, and consistent relationships our clients are more able to risk, explore, and do more than self-preservation behaviors

Bert Klavens, Washington County Youth Services Bureau, Director of Healthy Youth Program

- Bringing services to where the people are, co-locating services in the school and community
- Being proactive led to an almost 100 percent increase in utilization of services and programs

Tim Trevithick, Student Assistance Program Counselor, CVUHS

- 90 percent of job is direct student services, talking to students
- 10 percent out getting face to face time, working with other programs, student athletics
- Prevention is everything, we have no idea what the impact of one action could be
- "My job is connection"
- "Ultimately, what we do is provide hope"
- As a society, our value system, and what we model seems to be substances – a microbrewery in every town. So as adults, we need to check our values

Cindy Hayford, Deerfield Valley Community Prevention, Director

- Our primary focus is primary prevention. Preventing drug use in the first place
- We get called into other community needs – if there's a community-wide suicide concern, we coordinate the response
- Root causes are different at community level, for instance retailers weren't educated or trained so were selling cigarettes, etc.
- Collaboration and connection across domains, needed to implement strategies across them all
- Vermont Prevention Model: Affecting all levels...
- Toughest part is funding – differences in funding mean staffing is different even year to year
- Culture shift over ten years